

30-60 Day NGRI Checklist

INSTITUTE: _____ **NAME:** _____ **CHART #:** _____

DATE ADMITTED: _____ **CMHC or OTHER PROVIDER:** _____

CMHC or OTHER PROVIDER CONTACT PERSON: _____

FIRST 30 DAYS

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is there a court order under T.C.A. §33-7-303(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have the following been completed: | | |
| Social History? | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychological evaluation (if appropriate)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychiatric evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical examination? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has there been a staffing to determine release, MOT under T.C.A. §33-7-303(b), or commitment under T.C.A. §33-7-303(c)? Note: Staff conference must include two licensed physicians. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the CMHC forensic coordinator or other provider been notified Of the admission? | <input type="checkbox"/> | <input type="checkbox"/> |
| The possible need to assist with discharge planning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is commitment under to T.C.A. §33-7-303(c) being recommended? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, have two certificates been completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were the two certificates and a sample T.C.A. § 33-7-303(c) order included with the letter to the court? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If MOT is being recommended, has a treatment plan been developed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the CMHC or other provider been involved in developing the treatment plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a CMHC or other provider representative signed the treatment plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the letter to the court include the treatment plan and a sample MOT order? | <input type="checkbox"/> | <input type="checkbox"/> |

DAY 31 DAY-45

| | | |
|--|--------------------------|--------------------------|
| 1. Letter to the court mailed? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no word from the court has been received by the 45 th day, contact forensic coordinator. | <input type="checkbox"/> | <input type="checkbox"/> |

Day 46-60 or day of discharge:

| | | |
|--|--------------------------|--------------------------|
| Complete data report form for CO | <input type="checkbox"/> | <input type="checkbox"/> |
| Enclose letter to the court with information to CO | <input type="checkbox"/> | <input type="checkbox"/> |
| Enclose Discharge and MOT plan to CO | <input type="checkbox"/> | <input type="checkbox"/> |